

Today's Date:

NASA GLENN RESEARCH CENTER

Acoustical Testing Laboratory Test Request Form

For NASA-Associated Test Articles (other than internal NASA Glenn projects)

Contact Information
(All Contact Information is required)
Requesting organization (NASA Center and Organization or Contractor Company): Contact person (name and title): Telephone: Fax: E-Mail:
NASA Civil Servant Project Manager (if not the contact person above): Telephone (if applicable):
General Test Information
Requested test start date: (M/D/Y)
Latest acceptable date for test completion: (M/D/Y)
Test Article Description
Name of the test article (e.g. Fluids and Combustion Facility Combustion Integrated Rack):
Please describe the test article, including its function (e.g. monitors the development of bubbles in a microgravity environment):
Approximate weight of test article:
Approximate height of test article:
Approximate width of test article:
Approximate length of test article

Test Article Classification

The test artic	le is classified as:
a.	Qualification/Prototype
b.	Protoflight
c.	Flight
d.	Developmental/Engineering Model
Handling Re	<u>equirements</u>
	special handling requirements (e.g. test article requires use of overhead crane eg)? If so, please explain:
Acoustic Em	uissions Requirements
What acousti	c emissions requirements apply to this test article (check one)?
ISS	
	_MSG Experiment
	Express Rack
	Other
Shutt	le e
	Express Rack
	Other
Test requiren	nents documents (provide document numbers if known):
	stic emissions data required (e.g. Sound Pressure Level, Sound Power Level, ity, Insertion Loss)?